Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Bus 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Astesia, NM \$8210

Energy, Minerals and Natural Resources Department

Revised 1-1-39
See Instructions
at Bottom of Page

JIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Benzos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator								71 NO.		
Texaco Producing Inc.							30-0	<u> 25-05962</u>		
áress										
P. O. Box 730 Hobbs	, NM	88240)							
son(s) for Filing (Check proper box)					Other	(Please expla	úr)			
w Weil		Change in	Transport	uer of:						
completion 🖸	Oil		Dry Gas	. Ц						
ange in Operator	Casinghead	d Ges 🔲	Condens							
sees of operator give name										
address of previous operator									,	
DESCRIPTION OF WELL	AND LEA	ASE								·
ase Name		Well No.	Pool Na	me, includin	g Formation			Lease	ما	ase No.
J. R. Phillips		9	Eumon	ıt Yate	s 7 Rive	rs Quee	n Sime, i	ederal or Fee		
etice										
Unit LetterC	. 99	0	Feet Fro	on The No	rth Line	and 193	1 Fee	t From The	West	Line
Unit Detter										
Section 6 Township	20	S	Range	37E	, NA	(PM,	Lea			County
DESIGNATION OF TRANS	SPORTE	R OF O	IL ANI	<u>NATUP</u>	RAL GAS					
me of Authorized Transporter of Oil		or Conde	ntale		Address (Give	e address to wi	hick approved	copy of this for	m is to be se	ni)
					,					<u> </u>
me of Authorized Transporter of Casing	thead Gas		or Dry (Gas 💢				copy of this for		nt)
Texaco Producing Inc.						30x 1137		e, NM 8	8231	
vell produces oil or liquids,	Unit	Sec.	Twp.		is gas actually	connected?	When			
location of tanks.	C	6	20S	37E	Yes		3-3	11-90		
is production is commingled with that	from any oth	her lease or	r pool, giv	e commingli	ing order numb	 .				
COMPLETION DATA							_,			-,
		Oil We	n G	Gas Well	New Well	Workover	Deepea	Plug Back	Same Res'v	Diff Res'v
Designate Type of Completion				X		<u></u>		X		X
e Spudded	Date Com	pl. Ready i	to Prod.		Total Depth			P.B.T.D.		
October, 1952	1	-28-90			5730			5015		
vations (DF, RKB, RT, GR, etc.)	Name of F	roducing I	romation		Top Oil/Gas	Pay		Tubing Depth	,	
3564 GR	Eumon	it Yate	es 7 F	₹v Qn	3194			3152		
forations 3194,98,3206,10.	14.17.	21.31	. 36 . 40	3.44-47	51-53.	59.67.69	.72.76.	Depth Casing	Shoe	
78,87,95,3300-02,08,	(1,12,2)	3,28	34,43	51.56	58,66-68	3.85.338	9	5729		
70101323		TUBING	, CASI	NG AND	CEMENTI	NG RECO	<u>w</u>	,		
HOLE SIZE	C.A	ASING & T	TUBING S	SIZE		DEPTH SET		S	ACKS CEM	ENT
17-1/2"		13-3	/8''		3	23		325	<u> </u>	
11		8-5	/8"		28	24		1200)	
7-7/8"		5-1			57	29		7.50	1	
			,							
								1		
TEST DATA AND REQUE	ST FOR	ALLOW	VABLE		İ			!		
	ST FOR .	ALLOW	VABLE e of load	oil and must	be equal to or	exceed top al	lowable for thi	s depth or be f		ers.)
L WELL (Test must be after t	ST FOR recovery of 1	total volum	VABLE se of load o	oil and must	be equal to or	exceed top al	lowable for thi verip, gas lift, c	s depth or be fa		ers.)
L WELL (Test must be after t	recovery of 1	total volum	VABLE se of load	oil and must	Producing M	ethod (Flow, p	lowable for thi memp, gas lift, i	elc.)		ers.)
L WELL (Test must be after the First New Oil Run To Tank	recovery of 1	iotal volum est	VABLE se of load	oil and must	be equal to or Producing M	ethod (Flow, p	lowable for thi nump, gas lift, d	s depth or be fi stc.) Choke Size		σs.)
IL WELL (Test must be after the first New Oil Run To Tank	Date of T	iotal volum est	VABLE se of load	oil and must	Producing M	ethod (Flow, p	ilowable for thi sump, gas lift, d	choke Size		ors.)
IL WELL (Test must be after the First New Oil Run To Tank ength of Test	Date of T	total volum est ressure	VABLE se of load	oil and must	Producing M	ethod (Flow, p	ilowable for thi nump, gas lift, d	elc.)		σs.)
IL WELL (Test must be after the First New Oil Run To Tank singth of Test	Date of Tubing Pr	total volum est ressure	VABLE se of load	oil and must	Producing M Casing Press	ethod (Flow, p	lowable for thi nump, gas lift, (choke Size		os.)
IL WELL (Test must be after the First New Oil Run To Tank singth of Test chual Prod. During Test	Date of Tubing Pr	total volum est ressure	VABLE se of load	oil and must	Producing M Casing Press	ethod (Flow, p	lowable for thi nump, gas lift, d	choke Size		os.)
L WELL (Test must be after the First New Oil Run To Tank singth of Test could prod. During Test	Date of Tourish Tubing Property Oil - Bbls	est ressure	VABLE se of load	oil and must	Producing M Casing Press Water - Bbis	ethod (Flow, p	iowable for thi	choke Size	or full 24 hou	σε.)
L WELL (Test must be after the First New Oil Run To Tank singth of Test child Prod. During Test AS WELL child Prod. Test - MCF/D	Date of Tubing Pr	est ressure	e of load o	oil and must	Producing M Casing Press Water - Bbis	ethod (Flow, pure	ilowable for thi nump, gas lift, d	Choke Size Gas- MCF	or full 24 hos	σs.)
L WELL (Test must be after to the First New Oil Run To Tank and prod. During Test AS WELL COUNTY Test - MCF/D 1615	Tubing Pr Oil - Bbls	ressure s. Test 24 hr	s.	oil and must	Producing M Casing Press Water - Bbis Bbis. Conde	ure nsste/MMCF	ilowable for thi nump, gas lift, d	Choke Size Gas- MCF	or full 24 hou	σs.)
L WELL (Test must be after to the First New Oil Run To Tank and Prod. During Test AS WELL caust Prod. Test - MCF/D 1615 sting Method (pitot, back pr.)	Tubing P	ressure f Test 24 hr ressure (St	S.	oil and must	Producing M Casing Press Water - Bbis Bbis. Conde	ethod (Flow, pure	ilowable for thi nump, gas lift, d	Choke Size Gas- MCF Gravity of C	or full 24 hos	σε.)
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L WELL (Test must be after to the First New Oil Run To Tank to	Tubing Producing	ressure Test 24 hr ressure (Stage with	s. h rod	oil and must	Producing M Casing Press Water - Bbis Bbis. Conde	nsale/MMCF	nump, gas lift, d	Choke Size Gas- MCF Gravity of C	or full 24 hos	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

SEP 1 0 1990

OCD POSSS OFFICE